



PHARMACY

Prior Authorization Updates

Effective November 1, 2021, the following medications moved from excluded coverage to requiring prior authorization:

- » Tivdak

Effective January 1, 2022, the following medications will require prior authorization:

- | | |
|----------------|----------------|
| » Adcetris | » Khapzory |
| » Adynovate | » Kyprolis |
| » Beleodaq | » Leukine |
| » Besremi | » Mozobil |
| » Blincyto | » Mylotarg |
| » Camptosar | » Nuwiq |
| » Coagadex | » Ozurdex |
| » Elitek | » Portrazza |
| » Ellence | » Prialt |
| » Empliciti | » Retisert |
| » Folutyn | » Scemblix |
| » Humate-P | » Torisel |
| » Idamycin PFS | » Totect |
| » Idelvion | » Tretten |
| » Imlygic | » Wilate |
| » Ixempra Kit | » Zaltrap |
| » Jevtana | » Zevalin Y-90 |
| » Jivi | |

Effective February 1, 2022, the following medication will move from prior authorization required to excluded:

- » Rituxan

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Effective November 1, 2021, the following medication moved from prior authorization required to covered:

- » Fentanyl Citrate Injection

Effective February 1, 2022, the following medication will move from covered to excluded:

- » Triptodur

Effective January 1, 2022, the following medications moved from excluded to covered:

- » Zynrelef
- » Radiopharmaceutical Diagnostic

Site of Change

Effective April 1, 2022, coverage for Orenicia (J0129) will be as a self-administered medication and must be processed through the Pharmacy Benefit Manager. Patients currently receiving in-office treatments of Orenicia will need to transition to self-administered medication under the pharmacy benefit for coverage.

MEDICAL MANAGEMENT

Behavioral Health Day Treatment

Effective January 1, 2022, Behavioral Health Day Treatment will require prior authorization. When submitting a request, please use the Pre-Authorization/Prior-Authorization-Behavioral Health form found on our website at [HealthTradition.com/Provider/Provider-Forms](https://www.healthtradition.com/Provider/Provider-Forms).

Genetic Testing

Effective January 1, 2022, the following Genetic Tests will no longer require prior authorization:

- » **81420**- Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21
- » **81422**- Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood
- » **81507**- Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
- » **81511**- Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)

CODE COVERAGE

Preventive and Evaluation & Management (E&M) Services Performed in the Same Session Reimbursement Policy

Effective April 1, 2022, Health Tradition Health Plan will update our reimbursement regarding Preventive and Evaluation & Management (E&M) Services Performed in the Same Session. When a problem-oriented E&M service is performed for the same member by the same physician and/or other qualified healthcare provider in the same group practice within the same specialty in the same session as a wellness or preventive exam, most of the clinical labor activities including scheduling of appointments, use of exam room and equipment and obtaining vital signs are not performed or furnished twice. Therefore, when a problem-oriented E&M service and wellness or preventive exam are performed for a patient encounter on the same day and by the same provider a reduction in reimbursement will be applied to the problem-oriented E&M service.

When a problem-oriented E&M service is performed for the same member by the same physician and/or other qualified healthcare provider in the same group practice within the same specialty in the same

session as a wellness or preventive exam a Modifier 25 is required for reimbursement. As a reminder, the use of Modifier 25 on the problem-oriented E&M must follow all guidelines and meet medical necessity. The presence of diagnoses that have not been addressed during the visit do not support a separate problem-oriented E&M service to be billed with Modifier 25.

This reimbursement policy will affect professional claims with a date of service of April 1, 2022, and after.

The reimbursement will be as follows based on the contracted allowed amount:

- » Problem-Oriented E&M with Modifier 25: 50%

REMINDERS

Vitamin D Assay Testing Policy

On January 1, 2019, Health Tradition implemented a policy which only covers Vitamin D Assay testing for specific diagnoses or in higher risk patients when results are used



to institute or monitor more aggressive therapy.

Vitamin D Assay testing is not covered for routine health checks, general screenings, or in the absence of specific diagnoses or risk factors. The research available does not support general screening for Vitamin D deficiency at a population level. In addition, the U.S. Preventive Services Task Force (USPSTF) found no studies that evaluated the direct benefit of screening for Vitamin D deficiency in adults. The Vitamin D Assay Testing Policy is published on

Health Tradition's website in the Provider tab under Medical Policies.

The policy outlines the diagnoses/conditions in which Vitamin D Assay testing will be covered. In addition, the policy lists the general utilization parameters for Vitamin

D Assay testing. When submitting claims for Vitamin D Assay tests, be sure to list the appropriate ICD-10 diagnosis code along with medical records that reflect the specific reason for the test.

Vitamin D Assay tests done for screening or in the absence of a diagnosis/condition listed in the policy will be denied as not medically appropriate and provider liability for network providers.

PROVIDER RESOURCES

Provider IVR

The Provider IVR is designed to get you the information you need, when you need it, quickly and easily. You can verify eligibility, benefits, services that require prior authorization and claim status. In addition, you can request a fax back of this information. When you access the IVR you will receive a series of prompts requesting the Member ID Number and Date of Birth. The Provider IVR is available at [844.825.9319](tel:844.825.9319). If you have additional questions, our knowledgeable Customer Service Representatives are ready to assist you.

Provider Page

Under the 'Providers' section on the Health Tradition website you can find the Provider Manual, which provides you and your staff with an overview of the Health Tradition plans, processes and procedures. You can also find the latest information on COVID-19 and telehealth coverage,

provider forms, services that require prior authorization, and much more! Visit this site today at

[HealthTradition.com/Provider](https://www.healthtradition.com/Provider).

Provider Portal

Maddy Portal

Maddy is your go to for all of your provider health insurance needs. She's our online health portal that gives you access to information about Health Tradition benefits.

With Maddy You Can:

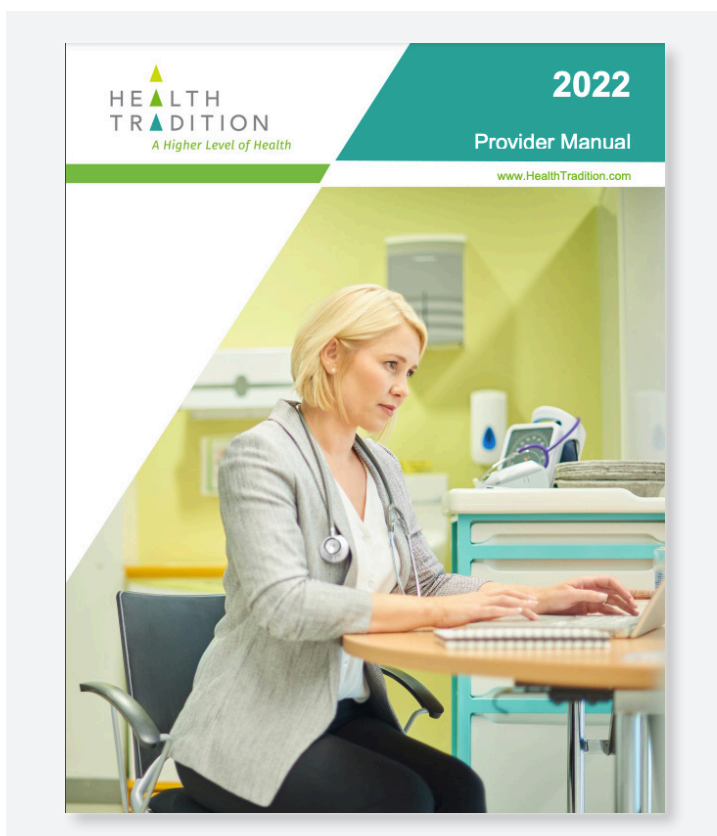
- » Access member eligibility, benefits, claims and authorizations
- » Submit authorization requests
- » Contact customer service
- » and more!

To Sign Up:

- » Visit [MaddyPortal.com](https://www.MaddyPortal.com)
- » Select "Provider"
- » Create an account username and password

Questions?

Contact our customer service team at [844.825.9319](tel:844.825.9319).



PROVIDER NEWSLETTER NOTICE

Important Update — Action Required

Please be advised Health Tradition Health Plan has moved to an electronic delivery of the provider newsletter. The provider newsletter will no longer be mailed to your physical location. However, the quarterly issues will continue to be accessible on the Health Tradition Health Plan website and Maddy Portal.

To ensure receipt of future provider newsletters via email, please subscribe at www.HealthTradition.com/Provider/Provider-News and follow the below steps:

- » Click on the "Subscribe to our Provider Newsletter" button
- » Fill out the form (Note: The asterisk [*] signifies required fields)
- » Click on the Email Opt In box
- » Click on the Subscribe button to complete



BUSINESS ADDRESSES

Correspondence Mailing Address:

Health Tradition Health Plan
PO Box 21171
Eagan, MN 55121

Physical Address:

Health Tradition Health Plan
45 Nob Hill Road
Madison, WI 53713

Claims Mailing Address:

Health Tradition Health Plan
P.O. Box 21191
Eagan, MN 55121

**Health Tradition Electronic Claims Payor
ID#: HLTHT**

HOURS OF OPERATION

Hours: Monday-Friday: 7:30 a.m. to 5:00 p.m.

Provider Service

Telephone: 844.825.9319 or local 608.395.6598

Fax: 608.781.9654

HealthTradition.com

PROVIDER NETWORK CONTACTS

Joe Weyer - Director of Provider Contracting & Network Management
608.661.6762

Traci Schaefer - Provider Relations Manager
608.661.6666

Lisa Hankel - Provider Contract Manager
608.661.6603

Chris Auger - Provider Contract Manager
608.661.6754

Nora Moses - Manager of Credentialing
608.395.6311

PRIOR AUTHORIZATION

All services that require prior authorization under Health Tradition Health Plan are located on our website at www.HealthTradition.com/Provider/Prior-Authorization, click on Providers, Quick Links, then Prior Authorization. You can also locate this information through **Maddy**.

Medical Prior Authorization:

Maddy Portal: MaddyPortal.com

Form: [Prior Authorization/Prior-Authorization Request Form](#)

Fax: 608.781.9654

Urgent Fax: 608.467.4964

Behavioral Health Prior Authorization:

Form: [Pre-Authorization/Prior-Authorization - Behavioral Health Form](#)

Fax: 608.467.4964

Oncology Prior Authorization:

Form: [Preauthorization/Prior-Auth Oncology Request](#)

Fax: 608.467.5431